

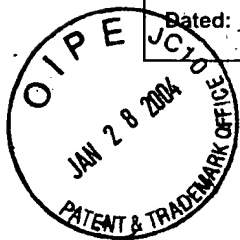
**CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

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Dated: 1/28/2004

Signature: (LILIA C. SEN)

**Docket No.: 311412001820  
(PATENT)**



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:

Lori J. LEHMAN, *et al.*

Application No.: 09/966,982

Group Art Unit: 1651

Filed: September 27, 2001

Examiner: D. Ware

For: NOVEL STRAIN OF *STREPTOMYCES* FOR  
CONTROLLING PLANT DISEASES

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

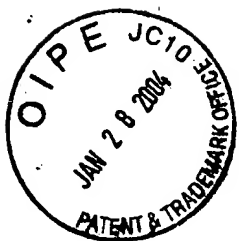
Dear Sir:

**INTRODUCTORY COMMENTS**

This is in response to the Office Action dated July 30, 2003 (Paper No. 15). The deadline to respond to this action was October 30, 2003, for which a three month extension of time is requested to extend the time for response from October 30, 2003 to January 30, 2003.

Accordingly, this response is timely filed. Reconsideration and allowance of the pending claims, as amended, in light of the remarks presented herein is respectfully requested.

**AMENDMENTS**



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	09/966,982
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 27, 2001
		First Named Inventor	Lori J. LEHMAN
		Examiner Name	D. Ware
		Art Unit	1651
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	311412001820
530.00			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number			
03-1952			
Deposit Account Name			
Morrison & Foerster LLP			
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Fee Fee Fee Fee Description Fee Paid			
Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 38 -38* = 0 x 9 = -0-			
Independent Claims 2 -3* = 0 x 43 = -0-			
Multiple Dependent 145 = 0.00			
Large Entity Small Entity			
Fee Fee Fee Fee Fee Description Fee Paid			
Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
-0-			
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) TIMOTHY A. WORRALL		Registration No. (Attorney/Agent) 54,552	Telephone 415/268-7151
Signature [Signature]		Date January 28, 2004	